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Bib Data Sheet

CONFIRMATION NO. 6914

|                                    |   |                                       |                               |   |
|------------------------------------|---|---------------------------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/842,030 | <b>FILING DATE</b><br>04/26/2001<br><b>RULE</b> | <b>CLASS</b><br><del>360</del><br>360 | <b>GROUP ART UNIT</b><br>2651 | <b>ATTORNEY DOCKET NO.</b><br>TUC920010002US1 |
|------------------------------------|---|---------------------------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*App. None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*App. None*

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 06/26/2001**

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>23 | <b>TOTAL CLAIMS</b><br>46 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature <i>gjt</i> Initials   |                               |                             |                           |                                |

**ADDRESS**

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**TITLE**

Storage device mounted in portable data storage media type cartridges

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1418 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
|                                    |   | <input type="checkbox"/> Credit                                |